



STATE PROCUREMENT OFFICE
NOTICE OF REQUEST FOR EXEMPTION
FROM HRS CHAPTER 103D

'12 FEB -2 P12:08

STATE PROCUREMENT OFFICE
STATE OF HAWAII

TO: Chief Procurement Officer

FROM: HEALTH/DEVELOPMENTAL DISABILITIES
Name of Requesting Department

SUBJECT: Request for Exemption

Pursuant to HRS §103D-102(b)(4) and HAR Chapter 3-120, the Department requests a procurement exemption for the following:

1. Describe the goods, services or construction.

The Department of Health (DOH)/Developmental Disabilities Division (DDD) had a previously approved exemption that expired June 30, 2011 (Attachment A). The DOH/DDD is submitting this new exemption as the DDD still requires purchasing through the Department of Accounting and General Services (DAGS) as a mechanism to pay providers or vendors for approved services and/or equipment through June 30, 2016. Services are performed and supplies/equipment are purchased for DDD participants through approved providers or vendors pursuant to the Developmental Disabilities/Intellectual Disabilities (DD/ID) Home and Community Based Services (HCBS) Medicaid waiver program authorized in Title XIX, section 1915(c) of the Social Security Act (42 USC § 1915 (c)) and provided and approved by the Centers for Medicare and Medicaid Services (CMS) through 2016 (Attachment B).

2. Vendor/Contractor Name :

Multiple Medicaid Providers

3. Amount of Request:

\$ varies — \$100,000 *2/6/12*

4. Term of Contract: From: ~~1-Jul-11~~ To: ~~30-Jun-16~~ *2/2/12* *2/2/13*

5. Prior Exemption
Reference No.: 08-062-J

6. Explain in detail, why it is not practicable or not advantageous for the department to procure by competitive means:

All approved providers are able to participate. Due to the unique nature of a DOH/DDD participant and in accordance with Hawaii Revised Statutes (HRS) Chapter 333F, the DDD participant can choose which provider he or she seeks for services and/or supplies or equipment and cannot be generalized. Each DDD participant's plan is tailored to fit his/her individual needs and thus, competitive procurement is not appropriate in these instances. Examples include but are not limited to the following types of services or purchase of supplies or equipment: environmental adaptations to home or vehicles, the purchase of food supplements, security alarm systems, and help devices in case of an emergency.

7. In selecting the vendor/contractor, explain in detail, the process the department will utilize to maximize fair and open competition:

All eligible providers are able to participate. In order for providers to become active service providers of the Medicaid program, they must apply with the State's Medicaid Agency, the Department of Human Services, and meet all requirements imposed. Selection of a provider is also by client choice based on the list of eligible Medicaid approved providers. This is necessary in order for the State of Hawaii to be able to recoup federal funds from Medicaid.

8. Identify the primary individual(s) who is knowledgeable about this request, who will conduct and manage this process and has completed mandatory training. (Type over "example" and delete cells not used)

Name of Department Personnel	Division/Agency	Phone Number	e-mail address
Jean Luka	DDD/DOH	733-9178 9198	jean.luka@doh.hawaii.gov
Christie Ferreira	DDD/DOH	587-6043	christie.ferreira@doh.hawaii.gov

9. The department shall ensure adherence to applicable administrative and statutory requirements, and all requirements, approvals, and internal controls for this request are the responsibility of the department.

I certify that the information provided above is, to the best of my knowledge, true and correct.

Department Head Signature

Date

For Chief Procurement Officer Use Only

Date Notice Posted

Submit written objections to this notice to issue an exemption from Chapter 103D, HRS, within seven calendar days or as otherwise allowed from date notice posted to:

Chief Procurement Officer
State Procurement Office P.O.
Box 119 Honolulu, Hawaii
96810-0119

10. Chief Procurement Officer (CPO) Comments:

Approval is granted for the period 02/02/12 to 02/01/13 with the understanding that DOH is required to place a notice on the Procurement Notices System on a quarterly basis to inform interested vendors of the opportunity and requirements to become a Medicaid Waiver Provider vendor. Future requests for exemptions should be accompanied with copies of the quarterly procurement notices. This approval is for the solicitation process only, HRS section 103D-310(c) and HAR section 3-122-112, shall apply (i.e. vendor must be compliant on the Hawaii Compliance Express) and award is required to be posted on the Awards Reporting System.

Additionally, the department is required to submit form SPO-016, *Report of Procurement Violation: Findings and Corrective Action and/or Request for After-the-Fact Payments*, for goods & services received for the period 07/01/11 through 02/01/12.

If there are any questions, please contact Bonnie Kahakui at 587-4702, or bonnie.a.kahakui@hawaii.gov.



Approved



Disapproved



No Action Required

Chief Procurement Officer Signature

Date